

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 26 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s):	Sara K. Shapiro, Ph.D.; Paul A. v Sara K. Bosiak	vorsowicz; Heidi L. Kroli; Erik w. Taylor;
II. Name of Lobbyist's partn	ership, firm or corporation, if any:	
603-228-1181	GALLAGHER, CALLAHAN & 214 North Main Street, Con 603-226-3477	
(Telephone)	(Fax)	(Email)
	Choose one – file separate reports for ons which are not attributable to any o	each client, OR you may file a separate report for one client.)
X All reportable transaction	ons occurring in the month prior to the r	reporting date relative to the following client.
	NORTHEAST REHABILITATION	N HEALTH NETWORK
(Full	Name of Client as it appears on the Lo	bbyist Registration Form)
All reportable transacti unrelated to any particu		ist's family), or the lobbying firm listed below which are
IV. Date of Report: A	pril 26, 2017 🔲	July 26, 2017 🗵
•	om date of registration to 3/31/17	activity from 4/1/17 to 6/30/17
0	ctober 25, 2017	January 24, 2018 🗆
	from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17
V. There have been no fees r If this box is checked, complete Concord, NH 03301.	eceived and no reportable transaction e just this form and submit it to the Secr	s made since the last report. etary of State's Office, State House, Room 204,
VI. Check if additional repo	orts are attached: es or made expenditures, you must file a	Addendum A – Fees and Expenses
If you have paid an hor Expense Reimburseme	nt	nust file Addendum B – Report of Honorariums or
If you, your firm, or yo	ur family has made political contribution	ns, you must file Addendum C – Political Contribution
Sworn Statement/Affirmatio I have read RSA 15, RSA 15-E to the best of my knowledge at	3 and RSA 664 and hereby swear or affi	rm that the foregoing information is true and complete
Lx84		7-18-17
(Signature of Lobbyist)		(Date)
Lisa K. Shapiro, Ph.D. (Print Name of lobbyist)		



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

II. Name of lobbyist's partnership, firm or corporation, if any: GALLAGHER, CALLAHAN & GARTRELL, P.C. (Name of partnership, firm or corporation) III. Name of Client NORTHEAST REHABILITATION HEALTH NETWORK IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly lobbying, including fees for services such as public advocacy, government relations, or public relations services, including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduly any expenses: a) Total of all fees received in this reporting period b) Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.) c) Total of all fees received to date. (Add lines a and b) d) Indicate the amount of any such fees that are due, but have not yet been paid. V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbyies. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by lobbyist(s)/Inby firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Exper are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all indiviexpenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cach individual expenditure made during this reporting period of greater than \$25.00 or less); and (c) an item statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose covered by (a) (for example: purchase of a ceremonial object given to the subject of lobbying with a value greater than \$25.00 for any purpose covered by (a) (for		(RSA Chapter 15:6)				
GALLAGHER, CALLAHAN & GARTRELL, P.C. (Name of partnership, firm or corporation) III. Name of Client NORTHEAST REHABILITATION HEALTH Date July 26, 2017 NETWORK IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly lobbying, including fees for services such as public advocacy, government relations, or public relations services, including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be redu by any expenses: a) Total of all fees received in this reporting period	I. Name of Lobbyist(s)					
III. Name of Client NORTHEAST REHABILITATION HEALTH Date July 26, 2017 IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly lobbying, including fees for services such as public advocacy, government relations, or public relations services, including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be redu by any expenses: a) Total of all fees received in this reporting period b) Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.) 15,250.0 c) Total of all fees received to date. (Add lines a and b) 30,250.1 d) Indicate the amount of any such fees that are due, but have not yet been paid. V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobby fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm that expenditure was of \$25.00 or less (for example: meals purchased during a business lunch with the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobb purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an item statement of each individual expenditure made during this reporting period of greater than \$50, or featurant expenses file legislative reception). Expenses for honorariums, separate reports than \$50, or featurant expenses file legislative reception). Expenses for honorariums, separate reporting period of greater than \$50, or featurant expenses file legislative reception). Expenses for honorariums, separate reporting period of great	II. Name of lobbyist's	partnership, firm or corporation, if any:				
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(Add lines a and b) 30,250.4 d) Indicate the amount of any such fees that are due, but have not yet been paid. V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobby fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Experare to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all indivite expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch with the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobb purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an item statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.				b) \$	15,250.00	
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b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.		spenditures during this reporting period, not reported			.00	

.00

c) Total of all itemized expenditures reported in detail in section VI.

Lobbyist Fees & Expenses, Addendum A – Page 2
Client: NORTHEAST REHABILITATION HEALTH NETWORK

d) Total expenses for this reporting period.		
(Add lines a, b and c.)	d) \$	15,000.00
e) Total of expenses paid this calendar year, prior to this reporting period.		
(This should be the amount on line f of addendum A for last month's report.)	e) \$	15,250.00
f) Total of all expenses year to date.	f) \$	30,250.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying period, including by whom paid or to whom charged.	g fees during this	reporting
Paid to:	Am	ount
	\$	
	\$	
	\$	
	Ψ	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that is true and complete to the best of my knowledge and belief.	the foregoing in	formation
(Signature of lobbyist)	7-18-1	
(Signature of lobbyist)	(Date)	
Lisa K. Shapiro, Ph.D.		
(Print Name of Lobbyist)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

(Print Name of lobbyist)

Sworn Statement/A Statement of Incom	ffirmation by Lobbyist e and Expenses for:		
Name of Lobbying p	artnership, firm or corpora	tion: GALLAGHER, CAL	LLAHAN & GARTRELL, P.C.
Name of Client (leav particular client):	e blank if Statement is for Northeast Rehabilitation		rporation and not related to any
Date of Report (chec	k one):		
April 26, 2017 🗆	July 26, 2017 🔀	October 25, 2017 🗆	January 24, 2018 □
-		Statement of Income and Exement (insert the number of	xpenses described above, and the Addendum forms being
1 Addendum A(s).		
0 Addendum B(s).		
0 Addendum C(s).		
•	irm that the foregoing info of my knowledge and belic		nd each Addendum is true and
Daul a	Worsowie	·	7-24-17
(Signature of Lobby	ist)		(Date)
Paul A. Worsowicz			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

	Affirmation by Lobbyist ne and Expenses for:		
Name of Lobbying p	partnership, firm or corpora	tion: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.
Name of Client (lear particular client):	ve blank if Statement is for Northeast Rehabilitation		rporation and not related to any
Date of Report (che	ck one):		
April 26, 2017 🗆	July 26, 2017 🔀	October 25, 2017 🗆	January 24, 2018 □
	, RSA 15-B, RSA 664, the State submitted with that State		xpenses described above, and the Addendum forms being
1 Addendum A(s).		
0 Addendum B(s).		
0 Addendum C(s).		
•	firm that the foregoing info of my knowledge and belie		nd each Addendum is true and
- Huli 1	Kuly		7/18/17
(Signature of Lobby	yıst)		(Date)
Heidi L. Kroll			
(Print Name of lob	byist)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

	me and Expenses for:		
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.			
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Northeast Rehabilitation Health Network			
Date of Report (ch	eck one):		
April 26, 2017 🔲	July 26, 2017	October 25, 2017 🗆	January 24, 2018 □
	RSA 15-B, RSA 664, the ms submitted with that Stat		openses described above, and the Addendum forms being
1 Addendum A	(s).		
0 Addendum Bo	(s).		
0 Addendum Co	(s).		
(Signature of Lobb	t of my knowledge and believe		nd each Addendum is true and 7/5//7 (Date)
Erik W. Taylor (Print Name of lot	obvist)		
,	* /		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Aff Statement of Income	irmation by Lobbyist and Expenses for:		
Name of Lobbying par	tnership, firm or corpora	tion: GALLAGHER, CAL	LAHAN & GARTRELL, P.C.
•	blank if Statement is for Northeast Rehabilitation		poration and not related to any
Date of Report (check	one):		
April 26, 2017 🗆	July 26, 2017 🔀	October 25, 2017 🗆	January 24, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):			
1 Addendum A(s).			
0 Addendum B(s).			
0 Addendum C(s).			
	m that the foregoing info f my knowledge and beli		nd each Addendum is true and
Sank. I	siak		7-17-17
(Signature of Lobbyis	t)		(Date)
Sara K. Bosiak			
(Print Name of Johny	rist)		